

Appendix C

GA-SART RPP Record Release

I _____ certify that I am a member of the Georgia State

Print Full Name

Agriculture Response Team (GA-SART) and a participant in the Georgia Department of Agriculture Respiratory Protection Program. I hereby authorize the Georgia Department of Agriculture RPP (GDA RPP) Program Administrator to maintain all records pertaining to my participation in the GDA RPP, including training and fit-testing records, medical clearance documents, and incident deployment records. I understand that all data collected as a part of my participation in the GDA RPP will be accessible only to the Georgia Department of Agriculture Program Administrator or his/her designee, and will be maintained in the Georgia Department of Agriculture in a locked cabinet. All records will be maintained in a locked cabinet for a period of no less than 30 years after my employment termination date. Any discarded records will be destroyed by a paper shredder.

Signature

Date